**RESOLUTION 09-20**

Title: Medication-Assisted Treatment in Physician Health Programs

Introduced by: Clara Hwang, MD, for the Wayne County Delegation

Original Authors: Clara Hwang, MD, and Tabitha Moses, MS

Referred To: Reference Committee B

House Action: **APPROVED AS AMENDED**

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Whereas, Physician Health Programs (PHPs) are designed to allow physicians with potentially impairing conditions who either come forward or are referred to be given the opportunity for evaluation, rehabilitation, treatment, and monitoring without disciplinary action in an anonymous, confidential, and respectful manner, and

Whereas, the PHP model is intended to ensure participants receive effective clinical care for mental, physical, and substance abuse disorders and access to a variety of clinical interventions and support, and

Whereas, currently, almost all of the physicians referred to PHPs who are diagnosed with substance use disorder (SUD) involving monitoring or sanctions are also subjected to punitive action by their respective licensing boards, and

Whereas, the majority of state PHP treatment programs adhere to abstinence only policies for physicians diagnosed with a SUD and will not refer physicians to addiction treatment programs that include medications for addiction treatment (MAT) as part of their program, and

Whereas, other treatment modalities used for SUDs include neuro-psychiatric testing and behavioral counseling, and

Whereas, FDA-approved MAT for SUD includes the opioid agonists buprenorphine, buprenorphine-naloxone combination products, and methadone, and the opioid antagonist naltrexone, and

Whereas, MAT has been proven to help maintain recovery and prevent death in patients with opioid use disorder (OUD), being referred to as the "gold standard" of treatment for OUD in the U.S. Surgeon General's "Spotlight on Opioids" report, and

Whereas, it is reported that patients who use MAT to treat their OUD remain in therapy longer than those who do not, and are less likely to use illicit opioids, and

Whereas, patients with OUD who receive the gold-standard MAT have significantly lower rates of relapse than those who do not have access to these treatments, and

Whereas, for physicians with SUD who are denied MAT, relapses and recurrences are common, and

Whereas, a 2019 report from the *National Academies of Sciences, Engineering, and Medicine* stated that "there is no scientific evidence that justifies withholding medications from OUD patients in any setting" and that such practices amount to "denying appropriate medical treatment," and that such practices amount to "denying appropriate medical treatment", and

Whereas, physicians with SUD should have access to all the same evidenced-based treatment provided to patients which includes the use of counseling and MAT when medically indicated, and

Whereas, these outcomes are critical to ensuring a pathway to recovery and continuation of clinical practice in a safe and ethical manner with patient protection at the forefront, and

Whereas, there is no evidence to suggest that physicians maintained on therapeutic doses of MAT pose an increased risk to patient safety, and

Whereas, on August 29, 2019, the *New England Journal of Medicine* printed a perspective titled, "Practicing What We Preach- Ending Physician Health Program Bans on OPIOID-Agonist Therapy," by Leo Beletsky,JD; Sarah Wakeman, MD; and Kevin Fiscella, MD, MPH; therefore be it

RESOLVED: That MSMS work with the Michigan Legislature, the Michigan Department of Licensing and Regulatory Affairs, and the Michigan Boards of Medicine and Osteopathic Medicine and Surgery to direct Michigan's Health Professional Recovery Programs to adopt policy that permits physicians diagnosed with substance use disorder to receive counseling and medication assisted treatment as a means to ensure they receive effective clinical care to aid in their recovery and safe and ethical return to clinical practice; and be it further

RESOLVED: That the Michigan Delegation to our American Medical Association (AMA) encourage our AMA to work with stakeholders including the Federation of State Medical Boards and the Federation of State Physician Health Programs to develop guidelines supporting the adoption of policies by state-based Physician Health Programs to permit physicians diagnosed with substance use disorder to receive counseling and medication assisted treatment to ensure physicians receive effective clinical care to aid in their recovery and safe and ethical return to clinical practice; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with stakeholders including the Federation of State Medical Boards and the Federation of State Physician Health Programs to develop model legislation permitting state Boards of Medicine and Osteopathic Medicine to waive punitive sanctions for physicians who voluntarily self-report their physical, mental, and substance use disorders and engage with a Physician Health Program and who successfully complete the terms of participation.

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WAYS AND MEANS COMMITTEE FISCAL NOTE: Resolutions requesting governmental advocacy - $25,000+

**Relevant MSMS Policy:**

**Physician Health Program**
Programs for physicians whose capacity to function professionally has been impaired by addictive, psychiatric, medical, behavioral or other potentially impairing conditions should be motivated by humanitarian concerns for the public and the impaired physician.

All actions with regard to physician health programs should be intended to be in the best interest of the physician and the public. They should not be designed to be punitive in nature since the best current evidence indicates none of these conditions are voluntarily acquired or "self-inflicted." Physician health programs should enable effective clinical care for mental, physical and substance use disorders, including easy access to a variety of clinical interventions and treatment programs.

**Relevant AMA Policy:**

**Support the Elimination of Barriers to Medication-Assisted Treatment for Substance Use Disorder D-95.968**
1. Our AMA will: (a) advocate for legislation that eliminates barriers to, increases funding for, and requires access to all appropriate FDA-approved medications or therapies used by licensed drug treatment clinics or facilities; and (b) develop a public awareness campaign to increase awareness that medical treatment of substance use disorder with medication-assisted treatment is a first-line treatment for this chronic medical disease.
2. Our AMA supports further research into how primary care practices can implement medication-assisted treatment (MAT) into their practices and disseminate such research in coordination with primary care specialties.
3. The AMA Opioid Task Force will increase its evidence-based educational resources focused on methadone maintenance therapy (MMT) and publicize those resources to the Federation.

**Educating Physicians About Physician Health Programs and Advocating for Standards D-405.990**
Our AMA will:
(1) work closely with the Federation of State Physician Health Programs (FSPHP) to educate our members as to the availability and services of state physician health programs to continue to create opportunities to help ensure physicians and medical students are fully knowledgeable about the purpose of physician health programs and the relationship that exists between the physician health program and the licensing authority in their state or territory;
(2) continue to collaborate with relevant organizations on activities that address physician health and wellness;
(3) in conjunction with the FSPHP, develop state legislative guidelines addressing the design and implementation of physician health programs;
(4) work with FSPHP to develop messaging for all Federation members to consider regarding elimination of stigmatization of mental illness and illness in general in physicians and physicians in training;
(5) continue to work with and support FSPHP efforts already underway to design and implement the physician health program review process, Performance Enhancement and Effectiveness Review (PEER™), to improve accountability, consistency and excellence among its state member PHPs. The AMA will partner with the FSPHP to help advocate for additional national sponsors for this project; and
(6) continue to work with the FSPHP and other appropriate stakeholders on issues of affordability, cost effectiveness, and diversity of treatment options.